

**Department of Health
Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257
(850) 245-4355**

GENERAL INFORMATION

**Application for
Clinical Laboratory Personnel**

**ADDING SPECIALTY
(to an existing licensure level)**

**DIRECTOR, SUPERVISOR
TECHNOLOGIST AND TECHNICIAN**

1. FLORIDA LAWS & RULES:

You may download a copy of Chapter 483, Part III, Florida Statutes at <http://floridasclinicallabs.gov/resources/> It is important to read this to determine your eligibility prior to applying, and to familiarize yourself with the statutes and board rules regarding your application to add a specialty.

2. APPLICANT'S QUESTIONS REGARDING APPLICATION STATUS:

Within thirty (30) days after the board office receives your application and fee, we will send an acknowledgment letter informing you of any deficiencies and the specific items required to complete your application. If you do not receive notice that we have received your application within forty-five (45) days of the date mailed, please contact this office. As a reminder to all applicants, Section 456.013(1)(a), F.S., provides that an incomplete application expires one year after initial filing with the department.

3. YES/NO QUESTIONS:

All questions with "Yes or No" answer must be marked with either a "Yes or No", unless otherwise indicated. No other response is acceptable. For questions which require a brief explanation or description to "Yes" answers, your responses must be sufficiently detailed to ascertain the relevant dates, institution/organization names, and a brief synopsis of the reasons (i.e., the final charges or substantiated allegations) the institution/organization took the disciplinary or other action (i.e., probation, limitation, suspension, revocation, voluntary relinquishment in lieu of disciplinary action, or any other adverse action).

HOWEVER, IF A QUESTION CONTAINED IS NOT APPLICABLE ANSWER "N/A" IN THE NO COLUMN. Certified or civil notary documentation of final disposition to "Yes" answers is required.

4. FEE SCHEDULE:

A certified check, or money order in the appropriate amount, made payable to the Department of Health, must be attached to your application. Please staple the certified check or money order to page 1 of the application on the upper left part of the form. Your application will not be processed without these fees. These fees are required by law and include the following:

Additional Specialty to Existing Licensure Level:

Application Fee: (non-refundable)

Director	\$ 90.00
Supervisor	\$ 70.00
Technologist	\$ 50.00
Technician	\$ 25.00

Licensure Fee: (all levels) \$ 25.00

Total Fee: (application and licensure fee):	Director	\$115.00
	Supervisor	\$ 95.00
	Technologist	\$ 75.00
	Technician	\$ 50.00

5. **REQUIRED NATIONAL EXAMS:**

Below are the national certification bodies which you must contact to request that this office be provided with verification of your National Certification. This certification must be mailed directly from the national certifying body to the Board of Clinical Laboratory Personnel.

Directors:

American Board of Bioanalysis (Hematology)
(314) 241-1445

American Association for Clinical Chemistry
(202) 835-8746

American Board of Histocompatibility & Immunogenetics
(913) 895-4602

American Board of Medical Microbiology
(202) 942-9281

American Board of Medical Laboratory Immunology
(Serology)
(202) 942-9281

National Registry of Certified Chemists (Clinical
Chemistry and Toxicology)
(703) 979-9001

Supervisors, Technologists & Technicians:

American Association of Bioanalysis
(314) 241-1445

American Board of Histocompatibility
& Immunogenetics
(913) 895-4607

American Medical Technologists
(847) 823-5169

American Society of Clinical Pathologists
(800) 267-2727

National Registry of Certified Chemists (**Supervisor ONLY**)
(703) 979-9001

If you are certified by organizations other than those listed, you may not be eligible for licensure.

6. **EMPLOYMENT HISTORY: (Please refer to Rule 64B3-2.003, F.A.C.)**

Do not include testing done in research, physician office laboratories or veterinary work. Observation in a laboratory setting when the applicant does not have a Florida license is not pertinent clinical laboratory experience.

Forward the verification of experience form to your employer for completion. A letter from the employer may be used to document experience but it must contain all the information requested on the verification of employment form. Have your employer verify the tests you performed. This form is used to determine whether you have performed tests in the full range of each area of the laboratory. **PLEASE NOTE:** If you are an applicant from Cuba and are unable to obtain employment verification, you may submit written documentation from a Florida licensed Clinical Laboratory Personnel or Medical Doctor, describing your clinical laboratory experience.

7. **FINAL OFFICIAL TRANSCRIPT:**

Official transcripts must be sent directly to this office from your college or university. If you were educated in an institution outside of the United States, it is your responsibility to have your education evaluated to determine the U. S. equivalency.

8. **VOCATIONAL/TRAINING PROGRAMS:**

If you attended an accredited program or an approved technical training program that is not part of your college degree, submit a copy of the training certificate you were issued or submit a copy of your diploma or certificate of graduation. If you completed a Florida training program, include the training program approval number.

It is the responsibility of the applicant to know the requirements for licensure before an application is submitted. Determine what is necessary according to your own qualifications. Official transcripts must be sent directly from the school; student copies are not acceptable (see additional sections concerning foreign transcripts and U. S. equivalency). A copy of a diploma or a DD-214 (military) may document training, but the employer must verify experience.

9. **NAME CHANGE:**

Notify the board office in writing of any change in name or address. If you have changed your name (by marriage, divorce, or court order) since your last application (including license renewal), you must submit a certified copy of the marriage, divorce or court record to change your name for licensure purposes.

FEDERAL PRIVACY ACT:

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. **In this instance, disclosure of a social security number is mandatory pursuant to Title 42 United States Code, Sections 653 and 654, and sections 456.013, 409.2577 and 409.2598, F.S.** Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Barring any exemption under Florida law or federal law, social security numbers must be recorded on all professional and occupational licensure applications and will be used for license verification. **Note: If you do not fill in your social security number, your application may be delayed.**

CLP MATRIX – TECHNICIAN OPTIONS

64B3-5.004 Technician: General Qualifications.

Specialty	Education	Option	Training/Experience	Certification
Microbiology Serology/ Immunology Clinical Chemistry Hematology Immunohematology	Bachelors Degree (or higher)	1	3 years pertinent clinical laboratory experience within the 10 years preceding application for licensure	MLT(ASCP) MLT(ASCP) ^b MLT(AMT) MLT(AAB)
	Associate Degree	2	4 years pertinent clinical laboratory experience within the 10 years preceding application for licensure	MLT(ASCP) MLT(ASCP) ^b MLT(AMT) MLT(AAB)
	* as required by certifying agency (refer to notes below)	3	Approved clinical/medical laboratory training program or 5 years pertinent clinical laboratory experience within the 10 years preceding application for licensure	MLT(ASCP) MLT(ASCP) ^b MLT(AMT) MLT(AAB)
Histology	* as required by certifying agency (refer to notes below)	1	** as required by certifying agency (refer to notes below)	HT(ASCP)
Andrology Embryology	Bachelors Degree (or higher)	1	6 months pertinent clinical laboratory experience	MLT(AAB) for specialty sought
	Associate Degree	2	5 years pertinent clinical laboratory experience	MLT(AAB) for specialty sought
	* as required by certifying agency (refer to notes below)	3	Approved clinical/medical laboratory training program	MLT(AAB) for specialty sought
Molecular Pathology	High school diploma or High school equivalent	1	Licensed clinical laboratory technologist or technician in any specialty area	MLT (AAB) Molecular Diagnostics Examination

* No additional documentation of **EDUCATION** is required to be submitted with the application as the board accepts the national certification requirements.

** No additional documentation of **TRAINING/EXPERIENCE** is required to be submitted with the application as the board accepts the national certification requirements.

Bachelors Degree (or higher) in Clinical Laboratory, Chemical or Biological Science with 24 semester hours of academic science including 6 semester hours of biological sciences and 6 semester hours of chemical sciences	2	pertinent clinical laboratory experience	MLS(ASCP) MT(ASCP) BB(ASCP) SBB(ASCP) MT(AAB) MT(AMT)
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64B3-5.003 Technologist: General Qualifications (CONTINUED)

Specialty	Education	Option	Training/Experience	Certification
Cytology	* as required by certifying agency (refer to notes below)	1	** as required by certifying agency (refer to notes below)	CT(ASCP)
Cytogenetics	Bachelors Degree (or higher) with 30 hours of academic science	1	Board approved training program in cytogenetics at the technologist level or 1 year pertinent clinical laboratory experience in cytogenetics	CG(ASCP)
Molecular Pathology	Bachelors Degree (or higher) with 16 semester hours of academic science	1	** as required by certifying agency (refer to notes below)	MB(ASCP) MT(AAB) Molecular Diagnostics examination CHT(ABHI)
	* as required by certifying agency (refer to notes below)	2	1 year pertinent clinical laboratory experience in molecular pathology	MB(ASCP) MT(AAB) Molecular Diagnostics examination CHT(ABHI)
Andrology Embryology	Bachelors Degree (or higher) with 24 semester hours of academic science including 6 semester hours of biological sciences and 6 semester hours of chemical sciences	1a	Board approved training program in Andrology/Embryology or 1 year pertinent clinical laboratory experience	MT(AAB) Andrology/Embryology examination
		1b	1 year pertinent clinical laboratory experience	MT(AAB) Andrology/Embryology examination

64B3-5.003 Technologist: General Qualifications (CONTINUED)

Specialty	Education	Option	Training/Experience	Certification
Andrology Embryology	Associate Degree including 6 semester hours of academic biological sciences and 6 semester hours of academic chemical sciences	2	3 years pertinent clinical laboratory experience	MT(AAB) Andrology/Embryology examination
Histology	Associate Degree (or higher)	1	NAACLS-approved Histotechnology Program	HT(ASCP)
Histology	* As required by certifying agency	2a	** as required by certifying agency (refer to notes below)	HTL(ASCP)
Histology	60 semester hours including 12 hours of chemical/biological science	2b	Board approved training program	HT(ASCP)
Histology	As required by certifying agency	2c	3 years pertinent experience as a Florida licensed histology technician or equivalent	HT(ASCP)QIHC
Histology		3a	5 years pertinent clinical laboratory experience and 48 contact hours of continuing education in immunohistochemistry/advanced histologic techniques	HI(ASCP)
Histology		3b	5 years pertinent experience and 48 contact hours of continuing education in immunohistochemistry/advanced histologic techniques and licensure as a technician in the specialty of histology	Not required

*No additional documentation of **EDUCATION** is required to be submitted with the application as the board accepts the national certification requirements
 No additional documentation of **TRAINING/EXPERIENCE is required to be submitted with the application as the board accepts the national certification requirements

Specialty	Education	Option	Training/Experience	Certification
Histocompatibility	* as required by certifying agency (refer to notes below)	1	**as required by certifying agency (refer to notes below)	CHT(ABHI)

*No additional documentation of EDUCATION is required to be submitted with the application as the board accepts the national certification requirements. **No additional documentation of TRAINING/EXPERIENCE is required to be submitted with the application as the board accepts the national certification requirement

CLP MATRIX – SUPERVISOR OPTIONS

64B3-5.002 Supervisor: General Qualifications

Specialty	Education	Option	Training/Experience	Certification
Microbiology Serology/ Immunology Clinical Chemistry Hematology Immunohematology Blood Banking (Donor Processing) Cytogenetics	Doctoral Degree in Clinical Laboratory, Chemical or Biological Science	1a	1 year pertinent clinical laboratory experience in the specialty area in which licensure is sought, and 25 hours of Board-approved continuing education in supervision and Administration or GS(ABB)	As required for technologist licensure
		1b	1 year pertinent clinical laboratory experience in the specialty area in which licensure is sought	DLM (ASCP) SC(ASCP) for clinical chemistry SH (ASCP) for hematology SBB(ASCP) for blood banking and immunohematology SM(ASCP) for microbiology TS(ABB) for specialty sought
	Masters Degree in Clinical Laboratory, Chemical or Biological Science	2a	3 years pertinent clinical laboratory experience, with at least 1 year experience in the specialty area in which licensure is sought, and 25 hours of Board-approved continuing education in supervision and Administration or GS(ABB)	As required for technologist licensure
		2b	3 years pertinent clinical laboratory experience, with at least 1 year experience in the specialty area in which licensure is sought	DLM (ASCP) SC(ASCP) for clinical chemistry SH (ASCP) for hematology SBB(ASCP) for blood banking and immunohematology SM(ASCP) for microbiology TS(ABB) for specialty sought
	Bachelors Degree in Clinical Laboratory, Chemical or Biological Science	3a	5 years pertinent clinical laboratory experience, with at least 2 years experience at the Technologist level, and at least 1 year experience in the specialty area in which licensure is sought, and 25 hours of Board-approved continuing education in supervision and Administration or GS(ABB)	As required for technologist licensure
		3b	5 years of pertinent clinical laboratory experience, with at least 2 years experience at the Technologist level, and at least 1 year experience in the specialty area in which licensure is sought	DLM (ASCP) SC(ASCP) for clinical chemistry SH (ASCP) for hematology SBB(ASCP) for blood banking and immunohematology SM(ASCP) for microbiology TS(ABB)

* No additional documentation of **EDUCATION** is required to be submitted with the application as the board accepts the national certification requirements.

** No additional documentation of **TRAINING/EXPERIENCE** is required to be submitted with the application as the board accepts the national certification requirements.

CLP MATRIX – SUPERVISOR OPTIONS

64B3-5.002 Supervisor: General Qualifications (CONTINUED)

Specialty	Education	Option	Training/Experience	Certification
Cytology	Doctoral Degree in Clinical Laboratory Science in Cytology	1a	1 year pertinent clinical laboratory experience, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
		1b	1 year pertinent clinical laboratory experience	SCT(ASCP)
	Masters Degree in Clinical Laboratory Science in Cytology	2a	3 years pertinent clinical laboratory experience, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
		2b	3 years pertinent clinical laboratory experience	SCT(ASCP)
	Bachelors Degree with 16 semester hours of academic science	3a	5 years pertinent clinical laboratory experience in cytology, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
		3b	5 years pertinent clinical laboratory experience in cytology	SCT(ASCP)
	Associate Degree	4	10 years pertinent clinical laboratory experience in cytology within the previous 15 years	ASCP certification prior to 1985
	Histology	* as required by certifying agency (refer to notes below)	1a	5 years pertinent clinical laboratory experience in histology, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration within the previous 5 years
1b			5 years pertinent clinical laboratory experience post-certification, <u>and</u> 48 hours of Board-approved continuing education in supervision and administration within the previous 5 years	HT (ASCP)
1c			5 years pertinent clinical laboratory experience, <u>and</u> 48 hours of Board-approved continuing education in supervision and administration within the previous 5 years, and Florida licensure as a technologist in the specialty of histology	Not required

* No additional documentation of **EDUCATION** is required to be submitted with the application as the board accepts the national certification requirements.

** No additional documentation of **TRAINING/EXPERIENCE** is required to be submitted with the application as the board accepts the national certification requirements.

64B3-5.007 Director: General Qualifications

Specialty	Education	Option	Training/Experience	Certification
Andrology Embryology	Doctoral Degree in Clinical Laboratory, Chemical or Biological Science	1a	1 year pertinent clinical laboratory experience, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
		1b	1 year pertinent clinical laboratory experience in the specialty area in which licensure is sought	TS(ABB) for specialty sought.
	Masters Degree in Clinical Laboratory, Chemical, or Biological Science	2a	3 years pertinent clinical laboratory experience, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
		2b	3 years pertinent clinical laboratory experience, with at least 1 year experience in the specialty area in which licensure is sought	TS(ABB) for specialty sought.
	Bachelors Degree in Clinical Laboratory, Chemical, or Biological Science	3a	5 years pertinent clinical laboratory experience, with at least 2 years experience in the specialty area in which licensure is sought, <u>and</u> 25 hours of Board-approved continuing education in supervision and Administration or GS(ABB)	As required for technologist licensure
		3b	5 years pertinent clinical laboratory experience, with at least 2 years experience in the category in which licensure is sought	TS(ABB) for specialty sought.
Histocompatibility	* as required by certifying agency (refer to notes below)	1	** as required by certifying agency (refer to notes below)	CHS(ABHI)
		2a	1 year pertinent clinical laboratory experience, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
	Doctoral Degree in Clinical Laboratory, Chemical or Biological Science	2b	1 year pertinent clinical laboratory experience	CHS(ABHI)
		3a	3 years pertinent clinical laboratory experience, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
	Masters Degree in Clinical Laboratory, Chemical or Biological Science	3b	3 years pertinent clinical laboratory experience	CHS(ABHI)

* No additional documentation of **EDUCATION** is required to be submitted with the application as the board accepts the national certification requirements.

** No additional documentation of **TRAINING/EXPERIENCE** is required to be submitted with the application as the board accepts the national certification requirements.

64B3-5.007 Director: General Qualifications

Specialty	Education	Option	Training/Experience	Certification
Histocompatibility (continued)	Bachelors Degree in Clinical Laboratory, Chemical or Biological Science	4a	5 years pertinent clinical laboratory experience, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
		4b	5 years pertinent clinical laboratory experience	CHS(ABHI)
Molecular Pathology	Doctoral Degree in Clinical Laboratory, Chemical or Biological Science	1a	1 year pertinent clinical laboratory experience in the specialty area in which licensure is sought, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
		1b	1 year pertinent clinical laboratory experience in the specialty area in which licensure is sought	The Molecular Diagnostics examination given by ABB or CHS(ABHI).
	Masters Degree in Clinical Laboratory, Chemical or Biological Science	2a	3 years pertinent clinical laboratory experience, <u>and</u> 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure
		2b	3 years pertinent clinical laboratory experience in the specialty area in which licensure is sought	The Molecular Diagnostics examination given by ABB or CHS(ABHI).
Bachelors Degree with 16 semester hours of academic science	3a	5 years pertinent clinical laboratory experience with at least 2 years experience at the Technologist level, <u>and</u> 25 hours of Board-approved continuing education in supervision and Administration or GS(ABB)	As required for technologist licensure	
	3b	5 years pertinent clinical laboratory experience with at least 2 years experience at the Technologist level	The Molecular Diagnostics examination given by ABB or CHS(ABHI).	

* No additional documentation of **EDUCATION** is required to be submitted with the application as the board accepts the national certification requirements.

** No additional documentation of **TRAINING/EXPERIENCE** is required to be submitted with the application as the board accepts the national certification requirements.

64B3-5.007 Director: General Qualifications

Specialty	Education	Option	Training/Experience	Certification
All Specialties	Florida Licensed physician (does not require a separate laboratory director license)	1a	** as required by certifying agency (refer to notes below)	Certification in Clinical Pathology by the ABP or AOBP
		1b	** as required by certifying agency (refer to notes below)	Certification in the pertinent laboratory specialty by ABIM, AOBIM, ABMM, ABCC, ABNM, AOBNM, ABMG, ABB, ABMLI, ABHI
		1c	4 years pertinent clinical laboratory experience (post-graduate), with 2 years experience in the specialty to be directed	Not required
Histology Cytology	Florida Licensed physician (does not require a separate laboratory	1	** as required by certifying agency (refer to notes below)	Certification in Anatomical Pathology or Cytopathology by ABP or AOBP. For dermatopathology only, certification in Dermatopathology by the ABD or AOBDD
Oral Pathology Laboratories	Florida Licensed physician or dentist (does not require a separate laboratory director license)	1	** as required by certifying agency (refer to notes below)	Certification in Anatomical Pathology by ABOP, ABP, or AOBP
Microbiology	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying agency (refer to notes below)	Certification in Clinical Microbiology by ABMM, HCLD(ABB) with certification in Microbiology
Hematology	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying body (refer to notes below)	HCLD(ABB) in Hematology

* No additional documentation of **EDUCATION** is required to be submitted with the application as the board accepts the national certification requirements.

** No additional documentation of **TRAINING/EXPERIENCE** is required to be submitted with the application as the board accepts the national certification requirements.

64B3-5.007 Director: General Qualifications. (CONTINUED)

Specialty	Education	Option	Training/Experien	Certification
Cytogenetics	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying body (refer to notes below)	Certification in Clinical Cytogenetics by ABMG
Serology/Immunology	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying body (refer to notes below)	Certification in Clinical Immunology by ABMLI, HCLD(ABB) with certification in Immunology, or Diplomate of ABHI
Clinical Chemistry	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying agency (refer to notes below)	Certification in Clinical Chemistry by ABCC, HCLD(ABB) with certification in Chemistry, or certification as a Clinical Chemist or Toxicological Chemist by NRCC or F-ABFT certification in Forensic Toxicology by ABFT
Andrology	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying agency (refer to notes below)	HCLD(ABB) with certification in Andrology
Embryology	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying agency (refer to notes below)	ELD(ABB) or HCLD(ABB) with certification in Embryology.
Histocompatibility	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying agency (refer to notes below)	Diplomate of the ABHI or HCLD(ABB) with certification in Immunology.
Molecular Pathology	Doctoral Degree in chemical, biological, or clinical laboratory science	1	** as required by certifying agency (refer to notes below)	Certification in Molecular Pathology by ABCC, certification in Molecular Genetics by ABMG, or HCLD(ABB) with certification in Molecular Diagnostics

* No additional documentation of **EDUCATION** is required to be submitted with the application as the board accepts the national certification requirements.

** No additional documentation of **TRAINING/EXPERIENCE** is required to be submitted with the application as the board accepts the national certification requirements.

BOARD OF CLINICAL LABORATORY PERSONNEL

ADDING SPECIALTY

(to an existing licensure level)

DIRECTOR, SUPERVISOR TECHNOLOGIST, and TECHNICIAN

1. Application:

All questions answered on all pages and if question not applicable, mark with N/A

All "Yes" answers must be accompanied by an explanation, as instructed.

Public Records Disclosure Form SSN

PLEASE NOTE: Within thirty (30) days after the board office receives your application and fee, we will send an acknowledgment letter informing you of any deficiencies and the specific items required to complete your application. If you do not receive notice that we have received your application within forty-five (45) days of the date mailed, please contact this office. As a reminder to all applicants, Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after initial filing with the department.

2. Fees:

Please make cashier check or money order payable to the Department of Health-Clinical Laboratory Personnel.

Return application and fees to:

Department of Health

Revenue Services

P.O. Box 6330

Tallahassee, FL 32314-6330

3. Official College Transcript (sent directly to the board office from the educational institute)

4. Verification of National Certification (sent directly to the board office from the national examiners)

Technicians, Technologists & Supervisors:

- American Association of Bioanalysis
- American Medical Technologists
- American Board of Histocompatibility & Immunogenetics
- American Society of Clinical Pathologists
- National Registry of Certified Chemists (**Supervisor ONLY**)

Directors:

- American Board of Bioanalysis (Hematology)
- American Board of Histocompatibility & Immunogenetics
- American Board of Medical Laboratory Immunology
- American Board of Clinical Chemistry
- American Board of Medical Microbiology

5. Verification of Employment/Experience form (must be signed by your Laboratory Supervisor/Director or Personnel Director)

If you have any additional documents to submit after your application has been mailed, please send to:
(supporting documents/correspondence with NO money)

Department of Health

Board of Clinical Laboratory Personnel

4052 Bald Cypress Way, Bin #C07

Tallahassee, FL 32399-3257



**CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS
DISCLOSURE**

**Florida Department of Health
Board of Clinical Laboratory Personnel**

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Name: _____
Last First Middle

Social Security Number: _____

APPLICANT HISTORY: (If you answer YES to the following questions, please provide additional sheets, the relevant dates and circumstances of such treatment and/or addiction along with the names and addresses of the medical practitioners or hospitals who performed such treatment.)

1. In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? [] YES [] NO
2. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? [] YES [] NO
3. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder or that has impaired your ability to practice within the past five years? [] YES [] NO
4. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice? [] YES [] NO
5. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? [] YES [] NO
6. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice within the last five years? [] YES [] NO



CLINICAL LABORATORY LICENSURE
ADDING SPECIALTY (Client: 6601)

ADDING SPECIALTIES (to an existing licensure level): (Fees includes: application (non-refundable), and additional specialty fee).

Please select only one licensure level per application.

(3045) [] Technician \$50.00; (3046) [] Technologist \$ 75.00; (3047) [] Supervisor \$95.00; (3048) [] Director \$115.00

PROFILE DATA: (PLEASE PRINT OR TYPE IN BLACK INK)

1. NAME: (Last) (First) (Middle)

Have you changed your name through marriage or through action of a court, or have you been known by any other name? [] YES [] NO

If YES, list provide: (Last) (First) (Middle)

2. ADDRESS: a. MAILING ADDRESS: (Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: (Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: () Primary: Area Code/Phone Number () Business: Area Code/Phone Number

d. EMAIL ADDRESS: (Email Notification: If you want to notified of the status of your application by email please check the "YES" box and write your email address on the line provided above. If you choose this form of notification you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the board office info@floridasclinicalabs.gov Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing. [] YES [] NO

3. PERSONAL DATA: a. Date of Birth: (Month/Day/Year) b. We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

RACE: [] White [] Black [] Hispanic [] Asian/Pacific Islander [] Native American [] Other
SEX: [] Male [] Female

c. Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disasters? [] YES [] NO

4. ADDING SPECIALTIES: (to an existing licensure level) Please Note: YOU MAY SELECT ONLY ONE LICENSURE LEVEL PER APPLICATION. You will need to indicate the OPTION in which you are applying by reviewing the MATRIX. Failure to select an OPTION will result in delaying the process and you will be notified of that deficiency.

Director: OPTION: [] Microbiology [] Serology/Immunology [] Clinical Chemistry [] Hematology [] Histocompatibility [] Andrology [] Embryology [] Molecular Pathology [] Cytogenetics

Supervisor: OPTION: [] Microbiology [] Serology/Immunology [] Clinical Chemistry [] Hematology [] Immunohematology [] Histocompatibility [] Andrology [] Embryology [] Molecular Pathology [] Histology [] Cytology [] Cytogenetics [] Blood Banking/Donor Processing

Technologist: OPTION: [] Microbiology [] Serology/Immunology [] Clinical Chemistry [] Hematology [] Immunohematology [] Histocompatibility [] Andrology [] Embryology [] Molecular Pathology [] Histology [] Cytology [] Cytogenetics [] Blood Banking (Donor Processing) [] Generalist (Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunohematology and Molecular Pathology)

Technician: OPTION: [] Histology [] Molecular Pathology [] Andrology [] Embryology [] Generalist (Microbiology, Serology/Immunology, Clinical Chemistry, Hematology and Immunohematology)

NAME: _____

PLEASE USE ADDITIONAL DOCUMENTS, as necessary.

5. EDUCATION INFORMATION:

Please provide college/university education information, whether completed or not, in chronological order.

(School Name) (City/State or Country) (From: MM/DD/YYYY – To: MM/DD/YYYY) (Graduation Date) (Degree Awarded)

(School Name) (City/State or Country) (From: MM/DD/YYYY – To: MM/DD/YYYY) (Graduation Date) (Degree Awarded)

(School Name) (City/State or Country) (From: MM/DD/YYYY – To: MM/DD/YYYY) (Graduation Date) (Degree Awarded)

(School Name) (City/State or Country) (From: MM/DD/YYYY – To: MM/DD/YYYY) (Graduation Date) (Degree Awarded)

(School Name) (City/State or Country) (From: MM/DD/YYYY – To: MM/DD/YYYY) (Graduation Date) (Degree Awarded)

6. VOCATIONAL/TRAINING PROGRAM:

Did you complete a training program in the area of applying for licensure: [] YES [] NO

(If YES, please provide the following:)

(Program Name) (City/State) (From: MM/DD/YYYY – To: MM/DD/YYYY) (Completion Date)

(Program Name) (City/State) (From: MM/DD/YYYY – To: MM/DD/YYYY) (Completion Date)

(Program Name) (City/State) (From: MM/DD/YYYY – To: MM/DD/YYYY) (Completion Date)

7. NATIONAL CERTIFICATION EXAMINATION:

Did you successfully pass a National Certification Examination in the area of applying for licensure: [] YES [] NO

(If YES, please provide the following:)

(Name of National Certification Examination) (Examination Date)

(Name of National Certification Examination) (Examination Date)

8. EMPLOYMENT HISTORY:

List in chronological order all clinical laboratory employment, as defined by Rule 64B3-2.003(8), F.A.C.

(Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

(Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

(Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

(Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

(Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

NAME: _____

**ALL AFFIRMATIVE ANSWERS MUST BE EXPLAINED IN DETAIL ON A SEPARATE SHEET.
DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.**

PROCEEDINGS and/or ACTIONS

9. APPLICANT HISTORY:

- a. Have you had any application for a professional license, or any application to practice, denied by any state board or other governmental agency of any state or country? [] YES [] NO

- b. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of the Clinical Laboratory practice act, unprofessional or unethical conduct? [] YES [] NO

If YES, please complete the following:

(Name of Agency)	(City/State)	(Date: MM/DD/YYYY)	(Final Action)	(Under Appeal? Y/N)

10. LICENSURE ACTIONS:

- a. Have you ever had a license disciplined for sexual misconduct or committed any act in any other state that would constitute sexual misconduct? [] YES [] NO

- b. Have you ever had any professional license or license to practice revoked, suspended, or any other disciplinary action taken in any state or other jurisdiction? [] YES [] NO

- c. Have you been refused a license to practice, or the renewal thereof in any state? [] YES [] NO

11. CRIMINAL INFORMATION:

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? [] YES [] NO

If YES, you must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

(Offense)	(Date: MM/DD/YYYY)	(Jurisdiction)	(Final Disposition)	(Under Appeal? Y/N)

12. LICENSURE INFORMATION: Do you hold or have you ever held a license to practice Clinical Laboratory Personnel in this state or any other state?

[] YES [] NO

_____ License Number	_____ State/Country	_____/_____/_____ Original Date Issued	_____/_____/_____ Expiration Date
_____ License Number	_____ State/Country	_____/_____/_____ Original Date Issued	_____/_____/_____ Expiration Date
_____ License Number	_____ State/Country	_____/_____/_____ Original Date Issued	_____/_____/_____ Expiration Date

PLEASE NOTE: Verification of each license must be received directly from the licensing authority, regardless of status of license.

NAME: _____

13. APPLICANT SIGNATURE:

I acknowledge that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083 and 775.084, Florida Statutes.

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida Board of Clinical Laboratory Personnel any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice Clinical Laboratory Personnel in the State of Florida.

APPLICANT'S SIGNATURE

DATE

State of _____
County of _____

Sworn to and/or subscribed before me this _____ day of _____, 20_____

by _____ whose identity is known to me by _____.

Notary Signature

Name of Notary Printed

Stamp Commissioned Name of Notary Public:

***As a reminder to all applicants, Section 456.013(1)(a), Florida Statutes, provides that an incomplete application expires one year after initial filing with the department.**

**Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257**



LICENSE VERIFICATION

INSTRUCTIONS TO THE APPLICANT:

- 1. Complete the information in Part I only.
2. This form must be returned by the state Board or agency which issued your license.

PART I: TO BE COMPLETED BY APPLICANT: (PRINT or TYPE)

Name: (Last) (First) (Middle)

Address: (Street) (City) (State) (Zip/Postal Code)

DOB: / / License No.: Title of License:

PART II: TO BE COMPLETED BY THE STATE BOARD OFFICE: (PRINT or TYPE)

The individual listed above has applied for licensure in Florida as a Clinical Laboratory Personnel. Before further consideration is given to this application, we require the information requested on this form. The Board may submit your standard verification form in lieu of completing this form, as long as you indicate whether or not discipline has been taken against the license, and affix the Board seal. Please return the requested information to: Florida Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

Licensee Name: (Last) (First) (Middle)

State: Title of License: License No.: Original Issue Date: / /

THIS LICENSE IS CURRENTLY:

[] Active [] Inactive [] Temporary [] Other (Explain)

THIS LICENSE WAS OBTAINED BY:

[] Examination [] Grandfathering [] Reciprocity/Endorsement

ACTION TAKEN AGAINST LICENSE:

[] No Disciplinary Action Taken [] Disciplinary Action Taken*

Please Affix Board Seal

Print Name (Completing form) Title

Signature

If disciplinary action has been taken against this licensee, please provide certified copies of documentation regarding any disciplinary actions directly to the Florida Board of Clinical Laboratory Personnel.